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CONFIRMATION NO. 6448

SERIAL NUMBER 10/524,304	FILING OR 371(c) DATE 02/08/2005 RULE	CLASS 424	GROUP ART UNIT 1647	ATTORNEY DOCKET NO. SAND3.0-002PCT/US
APPLICANTS Ira Sanders, New York, NY; Rosemary Aquila, North Berger, NJ;				
** CONTINUING DATA ***** This application is a 371 of PCT/US03/25708 08/18/2003 which claims benefit of 60/404,378 08/19/2002				
** FOREIGN APPLICATIONS *****				
** SMALL ENTITY **				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY NY	SHEETS DRAWING	TOTAL CLAIMS 53
				INDEPENDENT CLAIMS 3
ADDRESS 47375				
TITLE Treatment of holocrine gland dysfunction with clostridia neurotoxins				
FILING FEE RECEIVED 1125	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	